

**NEWTON PARKS AND RECREATION DEPARTMENT
OUTDOOR ADVENTURE FOR GRADES 2 – 6 and CITs**

June 29-July 10, July 13-24, July 27- August, 2015

Name _____ School _____ Grade _____ DOB _____
Address _____ City _____ Zip _____
Parent/Guardian _____ Phone _____
Parent/Guardian _____ Phone _____
Emergency Contact _____ Phone _____
Physician _____ Phone _____
Medical Insurance _____ Policy # _____

Eye Color _____ Hair Color _____ Gender _____
Height _____ Weight _____ Identifying Marks _____
Any serious illness or hospitalization _____
Medications currently taking _____
Allergies (asthma, medication, etc) _____
Other (limitations, health concerns, etc) _____

FEES

Standard Day (9a – 1p)

☐ Session 1: \$292 ☐ Session 2: \$325 ☐ Session 3: \$325
June 29-July 10 (Closed July 4th) July 13-24 July 27 – Aug 7

Extended Day (1p – 3p) - \$15.00 per day x _____ days \$ _____

Please check the days you want your child to stay late below:

Week 1: ___M ___T ___W ___Th ___Fri

Week 2: ___M ___T ___W ___Th ___Fri

TOTAL \$ _____

Confirmations will be sent closer to the start of the program. Please return this form (filled out front and back) with your payment made payable to the City of Newton to:

Newton Parks and Recreation
Outdoor Adventure
124 Vernon Street
Newton, MA 02458

Newton Parks and Recreation Department - Outdoor Adventure Medical Release Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the Outdoor Adventure Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Outdoor Adventure Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release Form Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Outdoor Adventure Program

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Outdoor Adventure Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Outdoor Adventure Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Outdoor Adventure Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Outdoor Adventure Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Outdoor Adventure - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Outdoor Adventure Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Outdoor Adventure Program.

Signature of Parent(s)/Guardian(s)

Date

NEWTON PARKS AND RECREATION DEPARTMENT
OUTDOOR ADVENTURE
MEDICAL EXAMINATION

Please Note: Many doctor's offices have a standard medical examination print out for summer camps. These forms will be accepted in lieu of this medical examination from as long as they have all of the below information. Examinations must be dated July 2, 2013 or later in order to be accepted.

Name_____ Birth Date_____

Age_____ Sex_____ Grade Entering_____ School_____

Parent/Guardian_____

Home Address_____

Home Phone_____ Work_____ Cell_____

Home Phone_____ Work_____ Cell_____

Emergency Contact_____ Relationship_____

Home Phone_____ Work_____ Cell_____

HEALTH HISTORY: To be filled out by a licensed physician. This examination should be performed within one year of the starting date of this program. Check if appropriate and give approximate dates.

ASTHMA_____ ATHLETES FOOT_____ CHICKEN POX_____

MUMPS_____ MEASLES_____ SINUSITIS _____

POLIO_____ FAINTING_____ CONSTIPATION_____

FREQUENT COLDS_____ EAR INFECTIONS_____ SORE THROATS_____

GLASSES_____ VISION PROBLEMS_____ HEAD LICE_____ WHOOPING COUGH_____

OPERATIONS_____ STOMACH TROUBLE_____

HEART TROUBLE _____

SEIZURES (type and frequency)_____

IMMUNIZATION HISTORY: This is a record of dates of basic immunizations and most recent booster doses. This must be completed in full prior to the start of the program.

DPT SERIES _____ / _____ / _____ DPT BOOSTER _____

TETANUS _____ TETANUS BOOSTER _____ / _____ / _____

POLIO/OPV SERIES _____ POLIO BOOSTER _____

MEASLES (2 live doses necessary after 12 months) _____ / _____

MUMPS _____ RUBELLA _____

MMR _____ MANTOUX TEST _____

HEPATITIS B _____ / _____ / _____

ALLERGIC REACTIONS:

BEE STINGS _____ PENICILLIN _____ OTHER _____

FOOD ALLERGIES _____

CURRENT MEDICATIONS _____

ANY RESTRICTIONS _____

The above information contained in the immunization and Health History is correct to the best of my knowledge. The person herein described is in good physical health and has my permission to engage in all prescribed program activities, except as noted above. This form must be signed by a Physician with respect to immunization history.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIANS ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

NEWTON PARKS AND RECREATION DEPARTMENT

CANOE PROGRAM

Name _____ **Phone** _____ **Date** _____

Address _____ Zip _____

School _____ Grade _____ Age _____

Emergency Contact _____ Phone _____

RELEASE FORM

I, the undersigned, do hereby consent to have my child participate in a voluntary Canoe program.

In signing this consent, I do forever RELEASE, acquit, discharge, and covenant to hold harmless the City of Newton, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, cause of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have resulting or to result from my child's participation in the canoe program. FURTHERMORE, I hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise growing out of or resulting from injury to my child in connection with his/her participation in the canoe program and to INDEMNIFY or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City or its representatives may have to pay if any litigation arises from my child's participation in the canoe program.

Signature _____ Date _____

(THIS FORM MAY NOT BE ALTERED)

PARENTAL PERMISSION FORM

Please Read Both Sides of this Form Carefully

Parent/Guardian Name _____

Child's Name _____

Primary Phone _____ Second Phone _____

Street _____

City _____ State _____ ZIP _____

Add to: ☐ Mailing List E-Mail List: _____

**This document affects your legal rights.
You must read and thoroughly understand it before you sign it.
This form must be presented in person by a parent, teacher, or camp group leader.**

I attest that I am the Parent or Legal Guardian of the Child named above (herein referred to as "my child"). _____
initial

STATEMENT OF RISKS: There are significant elements of risk in any adventure, sport, or activity associated with watersports, the outdoors, the presence or use of motorized watercraft, and activities incidental thereto (referred to herein as "the Activity"). Although we have taken reasonable steps to provide you and/or your child with appropriate equipment, the Activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the Activity. The same elements that contribute to the unique character of the Activity can be causes of loss or damage to equipment, cause accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for the Activity. We do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all, of the risks of participating in the Activity: 1) Changing water flow, currents, wave action and boat wakes; 2) Collision with any of the following: other participants, the interior of the watercraft in which I am riding or any other portion of said craft, other watercraft, and man-made or natural objects; 3) Inclement weather, lightning, variances and extremes of wind, weather and temperature; 4) Collision or capsizing, or other hazard which results in wetness, injury, exposure to the elements, hypothermia, or drowning; 5) Getting in or out of the craft; 6) Equipment failure or operator error; 7) Heat- or sun-related injuries or illnesses including sunburn, sunstroke or dehydration; 8) Fatigue, chill, and dizziness, which may diminish my reaction time and increase the risk of an accident.

I am aware that the Activity entails risks of injury or death. I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death as a result of participation in the Activity.

(Please Turn Over...)

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I hereby knowingly and freely assume all such risks, both known and unknown, including full responsibility for and risk of bodily injury, death or property damage as a result of my child's participation in the Activity and/or my child's use of the rented equipment, even if the injury, death or property damage is caused, in whole or in part, by the negligence of Charles River Recreation, Inc., the Commonwealth of Massachusetts Department of Conservation and Recreation, the City of Newton, BMR Kendall Development LLC, TP/P Kendall Square LLC, TP/P Kendall Square II LLC, TP/P Kendall Retail LLC, Twining Properties LLC, TP Watermark Two LLC, TP Watermark Holdings II LLC, TP Watermark One Retail LLC, TP Kendall LLC, Watermark II Member LLC, Principal Real Estate, Principal Life Insurance Company, Principal Life Insurance Company for its Principal U.S. Property Separate Account, Watermark I Retail and Fitness Condos LLC, Wachovia Financial Services Inc., RREEF America REIT II Corp. PPP, RREEF Management Co., Kendall Square Corporation, and any or all of their owners, officers, directors, agents, subsidiaries, committees, boards, and employees (hereinafter "the releasees").

I verify that my child is physically fit and sufficiently qualified, trained and capable to participate in the Activity. I assume full responsibility, for myself and any minor children for whom I am responsible, for any bodily injury, accident, illness, death, loss of personal property and expenses related thereto as a result of any accident which may occur while I participate in the Activity. I assume the risks of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, contusions, dehydration, drowning, oxygen shortage (anoxia), exposure, head, neck, and spinal injuries, bite or attack by an animal or insect, allergic reaction, shock, paralysis or death.

My child and I agree to refrain from using alcohol or drugs prior to and during my participation in the Activity. I agree to wear a Coast-Guard-approved personal flotation device (PFD or life jacket) during the entire time that I am participating in the Activity. I agree that the rented boat will not be removed from the body of water on which the rental facility is located, including portaging around any dams or transiting the Charles River locks into Boston Harbor.

If I observe any unusual significant hazard during my presence or participation in the activity, I will remove myself from participation and bring such to the attention of the nearest staff member immediately.

RELEASE & WAIVER OF LIABILITY: I, the undersigned, for myself, my heirs, representatives, assigns, and next of kin, in consideration of the rental of equipment to me, do fully and forever release, waive, discharge, and covenant not to sue Charles River Recreation, Inc., the DCR and all of its owners, officers, directors, agents and employees ("the releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for death, personal injury, or property damage and from any and all claims, demands, suits, loss, and causes of action asserting or on account of death, personal injury, or property damage suffered or sustained by my child or any person or property as a result of or arising out of my child's participation in the Activity, whether or not caused in whole or in part by the negligence of the releasees or otherwise.

I agree that any and all disputes between myself and the releasees arising from my participation in the Activity and/or use of this equipment, and including any claims for personal injury and/or death will be governed by the laws of the Commonwealth of Massachusetts and exclusive jurisdiction thereof will be in the state court residing in the county where the alleged tort occurred or the federal courts of the Commonwealth of Massachusetts.

I, the undersigned, acknowledge that I have read and understood the terms of the rental and release agreement and voluntarily and freely agree to its terms. I agree that no oral statements, representations, or inducements, apart from the language of the above agreement, have been made. I take full responsibility for any minors under the age of 18. I will be responsible for the full replacement cost of any equipment I have rented from Charles River Recreation, Inc. and agree to pay for damages to or replace any equipment I or my child have rented from Charles River Recreation, Inc. in the event of any damages other than reasonable wear and tear.

Valid for Single Date: ____/____/____ or Valid Until Date: ____/____/____

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

I attest that this form was received from a parent, teacher, or camp group leader. _____
Charles River Canoe & Kayak Employee Initials